

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 1 - 3 4

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY _____

\$ _____

b. FFY _____

\$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1 - A Page 17aaa

9. PAGE NUMBER OF THE SUPERSEDES
PLAN SECTION OR
ATTACHMENT (If Applicable):

3.1 - A Page 17aaa

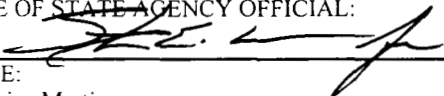
10. SUBJECT OF AMENDMENT:

Comprehensive Substance Treatment and Rehabilitation Services treatment plan review by additional professionals

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ae*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED: September 26, 2001

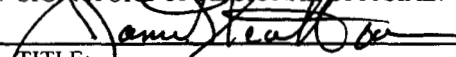
16. RETURN TO:

Division of Medical Services
615 Howerton Court
Jefferson, City, MO 65102**FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED:
09/27/0118. DATE APPROVED:
OCT 31 2001**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO

SPA CONTROL

Date Submitted: 09/26/01

Date Received: 09/27/01

State Missouri

- ◆ School-based Behavioral Support Services not included in the IEP:
 - Flexible rehabilitative services in a school setting to assist with the implementation of a child-specific behavior management plan,

Comprehensive Day Rehabilitation Services:

Comprehensive day rehabilitation services are goal directed services to a population with a primary diagnosis of traumatically acquired brain damage resulting in residual deficits and disability. The program provides intensive, comprehensive services designed to prevent and/or minimize chronic disabilities while restoring the individual to an optimal level of physical cognitive and behavioral functions. Emphasis in this program is on functional living skills, adaptive strategies for cognitive, memory or perceptual deficits.

Comprehensive day rehabilitation services must be provided in a free standing rehabilitation center or in an acute hospital setting with space dedicated to head injury rehabilitation. Providers must be approved by the Division of Medical Services.

Comprehensive Substance Treatment and Rehabilitation Services:

Day treatment, individual counseling, family therapy, group counseling, codependency counseling, group educational counseling, ADA community support services, intake/screening, and comprehensive assessment are covered for recipients under the Missouri Medicaid Comprehensive Substance Abuse Treatment Program. Comprehensive substance abuse and addiction treatment is offered to recipients to provide a continuum of care within community based settings.

Services are restricted to recipients who have been assessed to need a particular level of CSTAR treatment. Each recipient will have an individual treatment plan comprised of those services designed to meet the individual's circumstances and needs. The individual treatment plan will be reviewed and signed either by a licensed psychologist, licensed psychiatrist, licensed professional counselor, licensed clinical social worker or licensed physician. Services are further contingent upon the review and approval of the Department of Mental Health.

Adult Day Health Care Services:

Service is provided to recipients 18 and over with functional impairments who would otherwise require a nursing facility level of care. An individual plan of care provides up to 10 hours of care, and includes a program of organized therapeutic, rehabilitative and social activities, as well as medical supervision, medication services, meals and snacks, and necessary transportation.

The plan of care is developed in collaboration with a physician and must be reviewed at least every six months.

State Missouri

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licensed clinical social worker,

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State Plan TN# 98-07 Effective Date July 1, 1998
Supersedes TN# 91-06 Approval Date SEP 23 1998
98-07

State Missouri

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